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REPORT
OF THE
SUPERINTENDENT
OF THE
**FLORIDA STATE
HOSPITAL**

For the Period beginning July 1, 1932 and
ending June 30, 1934.



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REPORT
OF THE
SUPERINTENDENT
OF THE
FLORIDA STATE
HOSPITAL

For the Period beginning July 1, 1932 and
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REPORT OF SUPERINTENDENT

OFFICERS OF THE HOSPITAL

June 30, 1934

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David S. Sholtz, Chairman	Governor
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Tallahassee, Florida	

W. C. THOMAS

Superintendent

FLORIDA STATE HOSPITAL

STAFF

J. H. Pound, M. D.	Chief Physician and Surgeon
J. M. Beggs, M. D.	Assistant Physician
F. E. Daves, M. D.	Assistant Physician
A. T. Cobb, M. D.	Assistant Physician
J. C. Robertson, M. D.	Assistant Physician
M. C. Wilensky, M. D.	Assistant Physician
O. W. Jenkins, M. D.	Assistant Physician
H. S. Howell, M. D.	Assistant Physician
S. F. Kitchen, M. D.	Special Assistant Physician
A. F. Douglas, D. D. S.	Chief Dentist
L. A. McKinsey, D. D. S.	Assistant Dentist
R. J. Love, D. D. S.	Assistant Dentist
W. S. Ballou	Pharmacist
R. E. Morgan	Laboratory Technician
Miss Amorette Grimes	X-ray Technician

VISITING STAFF

J. C. Davis, M. D., Quincy	Urologist
Mark F. Boyd, M. D., Tallahassee	Malaria Research Work under Auspices Rockefeller Foundation

BOOKKEEPING DEPARTMENT

F. D. Palsgraaf	Chief Bookkeeper
Mrs. Verde H. Yon	Clerk
G. D. Williams	Clerk

COST ACCOUNTING DEPARTMENT

D. D. Miles	Accountant
Miss Grace Bevis	Clerk
John L. Anderson	Clerk
Leroy Lawrence	Clerk

STENOGRAPHIC DEPARTMENT

Mrs. Isabel Mawhinney	Chief Stenographer
Mrs. Maude B. Gholson	Stenographer
Mrs. Dorris P. Hill	Stenographer
Miss Lottie Mae Wylie	Stenographer
Otto H. Mosig	Stenographer

HEADS OF DEPARTMENTS

W. O. Bell	Chief Steward
John L. Davis	Chief Engineer
H. W. Ross	Superintendent of Construction
Miss Dora Fulgham, R. N.	Superintendent of Nurses
Miss Maude C. Gibson, R. N., Asst. Supt. of Nurses and Instructor	
Miss Vermell McDonald, R. N.	Night Supervisor
Mrs. Inez Taylor Simmons, R. N., Charge Nurse, Operating Room	
Miss Eula McDonald, R. N.	Charge Nurse, Hospital Wards
Miss Martha Hill, R. N.	Charge Nurse, Infirmary
Mrs. Mae Clark, R. N.	Charge Nurse, Receiving Wards
Miss Jessie Duke, R. N.	Dietitian
Miss Ruby Evans, R. N.	Charge Nurse, Colored Hospital
P. L. Laing, Supervisor, White Male Department, and Undertaker	
A. A. Cote	Assistant Undertaker
Mrs. G. B. Kirkland, Jr., Supervisor, White Female Department	
Miss Pearl Trammell	Supervisor, Colored Female Department
G. B. Kirkland, Jr.	Laundry Foreman
W. C. Vason	Farm Supervisor
George V. Atkinson	Foreman, Industrial Shop
L. L. McKinnon	Foreman, Casket Factory
H. M. Dean	Foreman, Mattress Factory
J. C. Gissendaner	Supervisor, General Kitchen
Mrs. Mary Fellows	Supervisor, Sewing Room
Mrs. Juhl Shelfer	Matron, Nurses' Home

FLORIDA STATE HOSPITAL

SUPERINTENDENT'S REPORT

*To the Board of
Commissioners of State Institutions,
Tallahassee, Florida*

GENTLEMEN:

The following report is hereby respectfully submitted by the Superintendent of the Florida State Hospital for the period beginning July 1, 1932 and ending June 30, 1934.

At the beginning of the biennium Dr. J. H. Pound held the office as Superintendent and Chief of the Staff of the Hospital but on December 1, 1932 the writer, who had been Business Manager of the Hospital since January 1932, was appointed as Superintendent, Dr. Pound retaining the office of Chief Physician and Surgeon.

Reference to the reports of the several departmental heads and to the statistical tables herein will give any fact desired relative to the operation of the Hospital plant and the general activities during this period.

In addition to the improvements referred to elsewhere in this report the matter of ground improvement and beautification should be mentioned. The C. W. A. appropriated the money for and cooperated with this Institution in the setting out of 3,340 ornamental plants, greatly adding to the beauty of the grounds.

Grateful appreciation is expressed to your Honorable Board for your confidence and hearty cooperation.

W. C. THOMAS,
Superintendent

REPORT OF CHIEF PHYSICIAN

*To the Superintendent
Florida State Hospital*

SIR:

The Chief Physician of the Florida State Hospital submits to you herewith the biennial report concerning the medical activities, conditions and progress for the period beginning July 1, 1932 and ending June 30, 1934. You will find included in this report statistical tables which present the details concerning patients.

The changes in the Medical Staff have been as follows:

Dr. F. M. Watson resigned September 1, 1932.
Dr. O. W. Jenkins was employed September 25, 1932.
Dr. W. G. Miles resigned August 31, 1933.
Dr. H. S. Howell was employed September 1, 1933.

At the close of the last biennial period, June 30, 1932, the population had reached 3,706, an increase of 301 during that period. At the close of the present biennial period, June 30, 1934, the population has reached 4,011, an increase of 305; there were 2,801 admissions by the various methods as shown in the tabulated general report; there were 2,496 persons removed from the institution by discharge, furlough, transfer, death, etc., as is shown in tabulated general report. For the twenty-four month period the average admission rate has been 116+ patients per month; the average removal rate 104 patients per month.

OVER-CROWDING AND ADDITIONAL NECESSARY SPACE NEEDED

The same conditions regarding over-crowding prevail now that were present when the last biennial report was made. The over-crowding, however, is greater, there having been no additional buildings provided, and there having been an increase in population of 305. The population now exceeds the normal capacity by over 1,000. I am therefore quoting the following from the last biennial report:

"Your special attention is called to the matter of over-crowding, and the extreme importance of providing relief for the conditions now prevailing. . . . When over-crowding increases, with the resultant impossibility of segregating the different types of pa-

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tients, and with the reduction in individual attention from the medical and nursing staffs, recoveries decrease. There can be no question but that adequate housing facilities have very direct bearing upon the improvement and recovery of State Hospital patients. Especially is this true in the case of acute cases, both quiet and excited. Crowding produces a thousand daily frictions, which lead to physical discomfort, together with increased irritation and misunderstanding. When recovery does not take place fairly early in the course of treatment, the prognosis is less favorable, for it is axiomatic that the longer a patient remains under institutional care the poorer his chances are for being able to make a satisfactory readjustment to community life. Thus there is a distinct slowing down of the customary movement of improved and recovered patients back into the community. . . . The Institution is also badly in need of a colored tubercular building for segregating this class of patients. Tuberculosis is a disease of civilization and negroes are very prone to develop it due to a lack of natural immunity. Since the only available place for caring for tubercular patients here is in the hospital ward sleeping porches, non-tubercular patients come in contact with the tubercular, and the number of cases of the disease is increasing each year. Furthermore, there is insufficient space on the sleeping porches and tubercular patients who have improved must at times be sent to the general wards to make room for more pronounced cases. The white tubercular building, which has a capacity of 28 beds, is also insufficient and it becomes necessary at times to remove tubercular patients from the building before they are considered arrested cases, to make room for more acutely ill tubercular patients. It is readily understood that an additional ward for both white male and white female tubercular patients is a necessity at this time. The wards in the hospital proper provide *inadequate* space for the care and treatment of physically ill patients. These hospital wards are filled to their capacity at all times and on many occasions it becomes necessary to treat physically ill patients on the general wards; these wards are of course not equipped for the care of such patients. Four additional *hospital wards* are essential at this time; viz.—for colored males; for colored females; for white males and white females."

In addition to the above *general ward space* should be provided for:

1. White females
2. Colored females
3. White males
4. Hospital for colored tubercular
5. Additional space for white tubercular patients, the present building being in a bad state of repair and will not take care of all white tubercular patients.

When the population of a mental hospital reaches 3,000, its management becomes cumbersome and the proper care of patients difficult, *even when facilities are adequate and there is no over-crowding*. The Florida State Hospital has a population of 4,011 at present; should buildings be erected to properly house the approximate thousand patients over-capacity they would be immediately filled and over-crowding would again begin. It is my opinion that the time has come when Florida must have another State Institution for her mentally ill. This in addition to buildings to take care of the over-crowding at this Institution.

NEED OF ADDITIONAL PHYSICIANS AND NURSES

Eight physicians, including the chief physician, are employed by this Institution to care for 4,011 inmates and about 700 employees. Statistics show that in 163 State Hospitals the average number of patients to a staff physician is 226. The average number of patients, including employees, to each physician at the Florida State Hospital is 588. The minimum requirements for State Hospitals as recommended by the American Psychiatric Association is not less than one physician to 150 patients; should these requirements be met a total of 26 physicians would be needed—that is 18 additional physicians. It is very imperative that additional physicians be furnished as soon as possible in keeping with requests that have been made to the Budget Commission.

The nursing and attendant force is inadequate in this Institution; there should be one nurse to each four patients, when patients are acutely ill and when intensive treatment is required; on the general wards there should be not less than one attendant to eight patients. There are now 63 persons to care for 271 physically ill patients, day and night, and 215 attendants to care for 3,740 mental patients on the general wards, day and night. *There are now 60 additional nurses and attendants needed to care for the physically ill, and 220 additional attendants to care for the*

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mentally deranged on the general wards. You will understand that these nurses and attendants take care of the patients day and night, there being two twelve-hour shifts. This therefore shows that now one nurse or attendant takes care of 8+ physically ill patients, and that one attendant must take care of 35+ patients who are on the general wards and mentally ill.

SURVEY OF INSTITUTION

At the request of Governor Sholtz and the Board of Commissioners of State Institutions, Dr. Arthur H. Ruggles, an official of the National Committee for Mental Hygiene made a survey of this Institution in March of 1934. I am incorporating the recommendations and opinion of Dr. Ruggles in this report. This survey is unbiased and the recommendations are well founded, with the exception of the over-crowding, upon which I believe more emphasis should be placed.

**REPORT TO GOVERNOR SHOLTZ, THE BOARD OF
COMMISSIONERS OF STATE INSTITUTIONS
AND THE STATE BOARD OF PUBLIC
WELFARE OF FLORIDA**

Concerning

The Problems of the Florida State Hospital

The following report was prepared at the request of Governor Sholtz, the Board of Commissioners of State Institutions, and the State Board of Public Welfare of Florida. It deals primarily with the work of the Florida State Hospital and embodies the facts and opinions gained in five days study of this institution, the state laws regarding mental disease, the reports of various institutions and committees. As a background for this study the writer has had the privilege during the last five years of making reports on twenty of the mental hospitals of this country and has, through his official connection with the National Committee for Mental Hygiene, been in close touch with the problem of mental disease and its treatment in both the United States and Canada.

At the outset I wish to express my deep appreciation to all those connected with your state hospital for their great courtesy during my visit and to state that on every hand I was given the freest access to all records and to all activities of this great institution. I might add that all department heads were so eager to have me visit each one of the more than eight thousand acres and each building, examine all of the nearly four thousand patients and read hundreds of medical records that the flesh grew weak and I could only take a thorough sampling of all the hospital procedure.

In beginning, I wish to say that your hospital is in general doing an excellent piece of work for the State of Florida and the many mentally sick you are called upon to care for. To be sure you do need an increased annual expenditure to make certain much needed improvements and you should also hope for a steadily growing public interest and intelligent understanding of the importance of the care of mental disease and especially of what can be done toward its prevention.

I can best make my report to you by stating the minimum standards set up by the American Psychiatric Association for the proper conduct of a mental hospital and make any comments

upon each one of these requirements. I would remind you that these standards are not the opinion of any one man or any one group, but rather the result of years of experience and thought of the best mental hospital superintendents of all North America. These same requirements were published in the last biennial report by your chief physician, Dr. J. H. Pound. Reference was also made in this same report to a number of important matters also referred to in this report:

(1) The chief executive officer must be a well-qualified physician and experienced psychiatrist whose appointment and removal shall not be controlled by partisan politics.

At various times and in a number of mental hospitals lay Superintendents have been appointed, but each institution must have one chief executive and, because the function of a mental hospital is the care and study of sick persons, the head of such hospitals should be a medical man. If the best interests of the care of the sick are to be promoted and advanced, it goes without saying that the medical supervisor must have under him an experienced and able executive responsible to him for the business management.

(2) All other persons at the institution ought to be subordinated to him and subject to removal by him if they fail to discharge their duties properly.

This plan is, of course, based upon the best organization experience.

(3) The positions and administration of the institution must be free from control for the purposes of partisan politics.

Upon this I feel sure we would all agree.

(4) There must be an adequate medical staff of well-qualified physicians; the proportion to total patients to be not less than 1 to 150 in addition to the superintendent, and to the number of patients admitted annually not less than 1 to 40. There must be one or more full-time dentists.

The Florida State Hospital has eight physicians including the chief physician. All are well trained and experienced doctors, devoted to their work and working very long hours. In Chapter 33, Article 1 of the State Laws of Florida, it states that "The Board of Commissioners of State Institutions *shall* employ such physicians and other medical attendants as may be necessary for the proper management and care for the lunatics and of such asylum". That your Board has not fulfilled this requirement be-

comes obvious when you realize that on March 5, 1934 there were in the hospital 3,899 patients for which under accepted minimum requirement demands not less than three times the present number of physicians. The injustice of this under-staffing will be referred to later in the report. The dental service is well housed, the staff excellently trained, the amount of work done very great, and one more full-time dentist is needed.

(5) There must be a staff of consulting specialists at least in internal medicine, general surgery, organic neurology, diseases of the eye, ear, nose and throat, and radiology, employed under such terms as will ensure adequate services.

Consulting staff is in my opinion adequate. A number of the resident staff have had excellent training in the specialities and are able to care for much surgical work that arises.

(6) The medical staff must be organized, the services well-defined and the clinical work under the direction of a staff leader or clinical director.

With the present shortage of medical personnel, the chief physician, in addition to his many other duties, has to act as clinical director.

(7) Each medical service must be provided with an office and an examining room containing suitable conveniences and equipment for the work to be performed, and with such clerical help specially assigned to the service as may be required for the keeping of the medicinal and administrative records.

With the present over-crowding, some services are lacking adequate offices and examining rooms but the best possible provision for examining rooms has been made by the chief physician.

(8) There must be carefully kept clinical histories of all patients, in proper files for ready reference on each service.

I examined many case records. These are properly filed and readily available but are somewhat brief and the continuing notes on the progress of cases are insufficient. Considering the tremendous amount of work put upon each doctor due to the small staff, I frankly wonder that the records are as good as I found them. It cannot be hoped they will be any more complete until a larger medical staff is obtained.

(9) Statistical data relating to each patient must be recorded in accordance with the standard system adopted by the Association.

This is complied with as rapidly as the small staff can accomplish it.

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(10) The patients must be classified in accordance with their mental and physical condition, with adequate provision for the special requirements for the study and treatment of the cases in each class, and the hospital must not be crowded as to prevent adequate classification and treatment.

With patients admitted at the average rate of one hundred a month, there is over-crowding on the admission ward which makes adequate classification and separation most difficult. If forty beds would be added to the admission ward by building a wing of twenty beds on each end of the present building I believe this problem could be overcome and that it would result in an increased number of recoveries in the early months of hospitalization. In my opinion, a number of cases become chronic and thus a permanent economic burden upon the state because of this lack of early separation and individual care. In some of the other wards there is a good deal of over-crowding but I believe this is not as serious a matter as the over-crowding among the new patients and can at least in a measure be overcome without new construction. This matter will be referred to later in the report.

(11) The classification must include a separate reception and intensive study and treatment department or building, a special unit for acute physical illnesses and surgical conditions, and separate units for the tuberculous, and the infirm and bedfast. Each of these units must be suitably organized and equipped for the requirements of the class of patients under treatment.

This has been carried out in large measure and is a credit to the chief physician and his medical staff. However, some serious problems were found. Accommodations for colored men and women with tuberculosis are woefully inadequate and there is much present danger of spreading this serious disease. A separate building of forty beds to include a wing of twenty beds for colored women with tuberculosis and one of twenty beds for colored men with tuberculosis is needed at once. The building housing white men and women with tuberculosis is in bad repair and should be repaired or replaced according to the relative cost and efficiency as determined by the construction department.

(12) The hospital must be provided with a clinical and pathological laboratory, equipped and manned in accordance with the minimum standards recommended by the Committee on Pathological Investigation.

This has been provided but with the inevitable increase of medical staff, a physician with special pathological training

should be in charge of the laboratories. It is worthy of note that important scientific studies of malaria are being carried on at your hospital by physicians representing an important scientific foundation. These studies are already proving of great advantage to the hospital and foundation.

(13) The hospital must be provided with adequate X-ray equipment and employ a well-qualified radiologist.

The X-ray equipment and the direction of this is adequate for the moment but some modern replacements must soon be made as much advance has been made during the past three years in this type of indispensable equipment.

(14) There must be a working medical library and journal file.

There is no medical library and no medical journals are taken by the hospital. In the next budget an appropriation of \$300.00 should be made to purchase standard text books and to subscribe to some of the most important medical journals. No hospital can hope to keep its medical and nursing staff abreast of the times without providing an adequate working medical library.

(15) The treatment facilities and equipment must include:

- (a) A fully equipped surgical operating room.
- (b) A dental office supplied with dental equipment.
- (c) Tubs and other essential equipment for hydrotherapy operated by one or more trained physiotherapists.
- (d) Adequately equipped examination room for the specialties in medicine and surgery required by the schedule.
- (e) Provision for occupational therapy and the employment of specially trained instructors.
- (f) Provision for treatment by physical exercises and games and the employment of specially trained instructors.
- (g) Adequate provision for recreation and social entertainment.

15. (a) The operating room is excellent and a great amount of surgical work is done here.

(b) The dental infirmary and its equipment and personnel is one of the finest I have seen in any mental hospital in America. I wish to add that in its economy of building and its efficient arrangement it might well serve as a model for all hospitals.

(c) The hydrotherapy apparatus for men is new and adequate except for the need of more tubs for continuous baths. The hy-

drotherapy apparatus for women is obsolete and should be replaced at once and more continuous tubs should be added for the women's service. Continuous baths have proved a valuable treatment for the restless and excited patients and added facilities for this form of treatment would be most productive of rapid improvement and recovery.

(d) Considering the present over-crowding, this matter has been cared for as well as possible.

(e) A large proportion of patients are employed and I am glad to find they are employed in useful occupations that can be carried on by the patients in their own homes when they recover, and also that these occupations are of practical benefit not only to the patients but also to the hospital.

(f) Adequate provision is made in this direction. Your warm climate and abundance of sunshine is made excellent use of and the majority of patients are found outdoors working or playing under wonderful climatic conditions.

(g) Frequent movies and dances supply sufficient social and recreational outlets.

(16) Regular staff conferences must be held at least twice a week when the work of the physicians and the examination and treatment of the patients will be carefully reviewed. Minutes of the conference must be kept.

With an admission of approximately one hundred new patients per month, three staff conferences of two hours each should be held weekly in order to see the new cases, to say nothing of conferences regarding the problem of parole and discharge. With the present over-worked staff, this is obviously impossible. Weekly staff conferences are held to discuss discharge of important cases, and, if the staff were adequate, all new cases would be seen in medical conferences much to the benefit of all concerned. Frankly, this is a most important and much to be desired development of your medical work but cannot be accomplished until a considerably larger medical staff is authorized, financed and obtained.

(17) There must be one or more out-patient clinics conducted by the hospital in addition to any on the hospital premises. An adequate force of trained social workers must be employed.

This community service is much to be desired as a step toward allowing a greater number of patients to be paroled as a measure of community education and as a force in prevention of men-

tal disease. No social workers are employed. At least two well trained social workers are needed at once. If social workers could be obtained now a population study should be made to determine:

(1) The legal residence and this state's responsibility for the care of each patient.

(2) The patient's or the friend's or the guardian's ability to pay something for care should be determined. Even if only one or two dollars a week could be paid for, let us say, two hundred more patients than are now paying for care, this would amount to the considerable sum of ten thousand to twenty thousand dollars a year and would pay for the salaries of a number of doctors, nurses and social workers. When you are dealing with nearly four thousand patients this does not seem a wild dream but rather a sound business approach toward a practical problem and a proper deterrent to indiscriminate charity.

(3) Such workers should determine the opinion of the chief physician and the medical staff as to the possibility of parole or discharge regarding each case. If this were determined, then the family and county resources could be estimated with the purpose of re-establishing such patients in the community and reducing hospital population and state expenditures. *My study would lead me to believe that there may be in the hospital about one hundred patients who represent mild mental cases and who might be boarded out in suitable homes at no greater cost than his expense and maintenance in the hospital.* If this were done, present over-crowding would be reduced and the expense of new construction would be obviated. If the new construction for one hundred such patients could be obviated by a boarding out system, approximately one hundred thousand dollars for such new construction would be saved, as well as the continued cost of maintaining such new building. No great increase of parole of patients or development of a boarding out system can be brought about, however, until adequate supervision of such measures is established. This means an increased medical staff and the employment of at least two full-time social workers. In this relation the addition of a full or part-time psychologist should be considered. You have Psychology Departments in your State University and your Women's College and some use should be made of the training gained there to supply personnel to determine the mental age level of many of the patients, thus ascertain-

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ing facts of value and solving some of the problems of the hospital as well as affording clinical experience to your students in training. Most progressive mental hospitals now have psychologists on the staff and such service proves of great value in bringing about a better understanding of many complicated mental disorders.

(18) There must be an adequate nursing force, in the proportion of not less than 1 to 8, and to the patients of intensive treatment and acute sick and surgical units of not less than 1 to 4. Provision must be made for adequate systematic instruction and training of the members of the nursing force.

A training school for nurses has been established and is doing good work toward equipping a greater number of young women as qualified mental nurses. Most of the care of patients is left to attendents who, in spite of low pay and long hours, I found to be doing good work. Trained nurses are used only in the hospital and admission wards. More nurses are needed and, that the number of attendents is inadequate, is shown by the fact that in one building 68 attendents care for 1,041 patients. This number includes both day and night attendents. Thus you have ratio of 1 attendant to almost 16 patients instead of the 1 to 8 prescribed by the main standard of the American Psychiatric Association.

(19) Mechanical restraint and seclusion, if used at all, must be under strict regulations, and a system of control and record by the physicians, and must be limited to the most urgent conditions.

I found that seclusion of patients is rarely used. Mechanical restraint is used rather freely but only because of the small amount of personnel provided for the patients. Both seclusion and mechanical restraint are under proper medical supervision and would be reduced to a minimum if more nurses and attendants were on duty both day and night.

In drawing this report to a conclusion, I wish to state that in my opinion, considering the fact that you have an inadequate budgetary allowance for medical service and also some over-crowding, your hospital is rendering very valuable service to the state, and I am glad to tell you that I know of no hospital that provides its patients with as good food at such low cost as does yours. You have model dental service and a personnel in all departments that is in general excellent even though often over-worked and under-paid.

REPORT OF SUPERINTENDENT

To summarize your present needs as I see them, they are as follows:

A chief executive who is a trained psychiatrist and an able leader.

Increased medical and nursing personnel as indicated.

A social service study of patients and a continuing social service department.

A full or part-time psychologist.

An additional forty beds for the admission ward.

A ward of forty beds for colored tubercular cases.

An added appropriation for repairs to buildings and for added and improved plumbing facilities in a number of buildings. The repairs are getting very much behind and added personnel which means added appropriation will be necessary to bring the repairs of buildings up to date. A good deal of plumbing is most antiquated and need replacement and added bath room equipment is needed in a number of wards, most urgently in the admission ward.

A new laundry and safety devices on machines tended by patients.

The elimination of the fire hazard by the completion of the sprinkler system is now well under way and should be pushed as rapidly as possible.

A small appropriation of \$300.00 for medical books and periodicals with a continuing appropriation annually for the purchase of new books and for subscribing to needed medical journals.

An appropriation to permit of the transfer of patients to other states where they have legal settlements.

A careful study of your state laws regarding mental disease is needed, with revision to eliminate use of the words *lunatic* and *asylum*. You cannot hope to gain intelligent public understanding and support if you still refer to sick people as lunatics and to a mental hospital as an asylum. A law should be passed that would release the state from the responsibility of caring for mental cases who have not by virtue of establishing a true legal residence in this state gained a just claim for support from this state. At the present time the state assumes responsibility for many people who come through the state, and say that they intend to make Florida their home. In several instances I found such persons who had been in mental hospitals in other states were taken out by relatives or friends and at once brought to Florida thinking that your delightful climate alone might cure them

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have often been for only a few days or a few weeks in Florida, paid no taxes, never voted, and yet, until the law is so changed as to protect the state from the care of such people, this abuse of your hospitality will continue to go on.

The present commitment laws should be carefully studied by the Attorney General's Department and should be modernized in accordance with the accepted practice in many of our states which gives primary consideration to mental disease as a medical problem. For example, I believe that the practice of a layman acting with two physicians and signing the commitment should be discontinued. The determination of mental disease is the responsibility of the physician and not a layman. If this were done, the one dollar paid the layman for each commitment on the basis of one hundred commitments to the state hospital monthly, would save the counties a considerable sum which might better be utilized toward the partial payment for the care in the hospital of their residents.

A modernizing of the law would also determine the proper legal procedure with reference to the alcoholic patient and the drug addict which, in my opinion, should not under the present conditions be sent to an already over-crowded mental hospital, especially those cases which do not show actual mental disease.

If your tax payers are vitally concerned with the mounting cost of mental sickness and dependency, they should insist that the Legislature pass a mandatory eugenic sterilization law.

Finally, one of the greatest forces for good that can be gained concerning the whole problem of mental health and disease, is the education of all your people for an intelligent understanding of this most vital medical, social, educational and financial problem that confronts the State of Florida today and will continue to do so for the years to come.

Respectfully submitted,
(Signed) ARTHUR H. RUGGLES, M. D.

EUGENICS LAW—STERILIZATION

So long as persons unfit to procreate are allowed to do so, insanity will continue to increase. Statistics show that each year approximately 75,000 mentally deranged people are newly committed to State Hospitals in the United States. Statistics show that more hospital beds are occupied by the insane than are occupied by all other diseases combined. Statistics show that there is one insane to each 270 persons in the United States. A number of states now have a Eugenics law, which makes it permissible to render sterile insane, feeble-minded or degenerate persons, whom it may reasonably be expected will recover or improve to such an extent as to justify their removal on parole or who otherwise might likely have children. Sterilization permanently prevents procreation. This procedure does not harm the patient or jeopardize the health in any way; on the contrary the health is improved in many of them. The operation properly performed does not destroy the sexual desire or impulse. The above measure would eliminate to a certain extent the real source of supply of insanity. It is my opinion that a Eugenics Law should be passed in Florida.

OCCUPATIONAL THERAPY

Due to lack of space and a trained occupational therapist this branch of therapy has been greatly handicapped and limited. An occupational therapy building, with proper equipment, would be a great asset to the Institution in the treatment of mentally sick patients and would no doubt increase the percentage of recoveries. However, the sewing room, art room, linen rooms and industrial shop have continued to offer specialized occupation during the past biennial period, and it is felt that work on the wards, in the kitchens, dining rooms, laundry and outdoor work on the farm and lawns, is for many patients as valuable as specialized occupational therapy.

RECREATION AND AMUSEMENTS

In the weekly program of amusements a moving picture is shown on Monday night for the white patients and on Tuesday night for the colored patients, and from time to time other entertainments are staged such as amateur minstrels and musical programs. For the white female patients an occasional bridge party is given, which is greatly enjoyed by those who participate.

FLORIDA STATE HOSPITAL

On every Friday night a dance is given, in which the patients dance with employees of the opposite sex in alternating numbers, the music being furnished by a first-class orchestra composed of employees of the Institution. The installation of a radio system, mentioned elsewhere in this report, with speakers on all wards of the institution, has added considerable to the pleasure and entertainment of the patients.

RELIGIOUS SERVICES

The Chaplain employed by the Florida State Hospital has continued to hold religious services for both the white and colored weekly. We are indebted to Father Carroll of Tallahassee for his attentiveness and administration to the Catholic patients.

CHLORINATION OF WATER SUPPLY

Due to frequent contamination of the water supply of the Institution chlorinators were installed on August 30, 1932 to take care of all sources of supply.

REPORT OF DENTAL DEPARTMENT

*J. H. Pound, M. D.
Chief Physician*

SIR:

I submit herewith a report of the operation of the Dental Department for the biennial period beginning July 1, 1932 and ending June 30, 1934.

There have been no changes in the personnel of the Dental Staff during this time.

The Dental Infirmary building, which formerly was shared with the Pharmacy, has during this period been completely reconstructed for the Dental Service exclusively, other quarters having been provided for the Pharmacy.

These changes in the clinic have been comprehensive to the extent that it now compares favorably with anything of its kind in the country, and have been planned with the view of caring for the work many years into the future.

As in the past, this service extends to every committed patient of this institution the same care and variety of operations and restorations that are common to private practice.

Futhermore a member of this staff visits the Industrial School

REPORT OF SUPERINTENDENT

for Boys at Marianna from one to two days a week as required, giving complete dental care to the 430 inmates of the school.

Dental care for the 685 employees of the hospital presents a problem solvable only by an increase in the personnel of the dental staff. These workers are for the most part on small salaries, and in the light of this fact, and from the point of view of their physical comfort and general efficiency, are entitled to dental attention. In an effort to provide for them as largely as possible they are given all the time the patients are not available, and of course without charge. We also care for any emergency that arises from any source at any time.

This department has, at this time, no requests to make for items of equipment or physical improvement, but does recommend the addition of one full time Assistant Dentist. With this added personnel the employees of this institution could be given a more complete service, and the work at the Industrial School carried on with less interference with our routine here than is now possible. Attention is here called to the recommendation of Dr. Arthur H. Ruggles in this connection in his report after his survey of the institution in March 1934.

The following tabulations present a detailed record of the dental operations for this biennial period:

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
Examinations	1,214	1,378
Extractions	5,404	5,730
Prophylactic Treatments	2,667	3,410
Palliative Treatments	884	786
Irrigations	1,250	1,360
Observations	3,542	3,204
Denture Preparations & Adjustments	1,770	1,704
Dentures Delivered	564	562
Crown & Bridge Preparations & Adjustments	587	561
Crown & Bridge Delivered	188	208
Repair Dentures	87	69
Repair Bridges	29	22
Fillings	3,024	3,724
Radiograms	347	565
Hospital & Ward Visits	1,544	1,714
Total Patients Seen (sittings)	18,354	19,010
Total Operations	23,875	25,007
Completed Indicated Dental Treatment for	2,312	2,956

FLORIDA STATE HOSPITAL

In addition to the above, 4 fractures of the mandible have been reduced, and other lesions of the mouth and jaws treated and operated in conjunction with the Medical Staff.

Herewith is acknowledged the co-operation given this department by the Superintendent, the Medical Staff and the heads of departments of the Institution.

Respectfully,

A. F. DOUGLAS, D. D. S.

Chief Dentist

VISITING STAFF

Your attention is directed to the valuable service rendered the Florida State Hospital by the visiting urologist, Dr. J. C. Davis of Quincy, Florida, during the past three years. Doctor Davis has given freely of his time in holding urology clinics on inmates and in training two of our physicians in this specialty. The work done in this connection is shown under the Urological Report.

MALARIA THERAPY SERVICE

This Institution continues to be indebted to Dr. Mark F. Boyd, Director of the Division on Malaria Research, Rockefeller Foundation, and Dr. S. F. Kitchen, his assistant and special assistant physician of this Institution, for their valuable services in treating cases of paresis, cerebrospinal lues, and other cases in this Institution. The following is a report of the Malaria Therapy Service:

MALARIA THERAPY SERVICE

Malaria Therapy for the treatment of patients suffering from dementia paralytica (paresis) and other forms of cerebrospinal lues has been continuously available during the biennium through the collaboration of the Division of Malaria Research of the State Board of Health, which is supported by funds received from the International Health Division of the Rockefeller Foundation.

Malaria therapy is prescribed for suitable patients by the regular medical staff of the hospital. The inoculations are performed and the general management of the patients during their malaria attack is supervised by a physician from the staff of the Division of Malaria Research under the general supervision of the Chief Physician of the hospital. The Division also provides a tech-

nician-nurse. In addition the service utilizes the laboratory and insectary facilities of the Division, which are located in Tallahassee.

The experience of most mental hospitals indicates that dementia paralytica and related conditions have been responsible for the condition of about ten per cent of their inmates. Prior to the introduction of malaria therapy the prognosis for this class of patient was almost hopeless as ordinary medication was ineffectual and nearly all cases progressively deteriorated until a fatal termination, usually within five years of the onset. Spontaneous remissions permitting a return to the previous walk in life were rarely seen, probably in not more than two per cent of the cases.

While our experience, as well as that of other institutions, indicates that the benefits to be anticipated from malaria therapy are greatest and most marked when patients are treated in the early stages of dementia paralytica, we have not hesitated to give advanced patients the possible benefit of the treatment, since our experience indicates that even though sufficient improvement to justify parole from the hospital may not occur, this type of patient will usually improve sufficiently to be more co-operative and tractable.

Malaria therapy is limited in application to patients who are found to be in reasonably good physical condition. After selection, they are transferred to the infirmary where the inoculations are made and where patients are hospitalized in screened wards during and after their malaria attack. The routine inoculations of white patients are for the most part done with a strain of tertian malaria, propagated in anopheline mosquitoes. A limited number of blood inoculations have been made. A few inoculations of quartan malaria, both by mosquitoes and blood were also done. Since most negro patients have been found to be resistant to inoculations with tertian malaria, recourse has been had to the estivo-autumnal parasites in their treatment.

After the onset of the malaria attack the condition of the patient is carefully followed from day to day, including the daily examination of their blood and frequent urinalyses. If the malaria is well supported, the infection is allowed to continue until spontaneous cessation. On the other hand, if contra-indications develop, the infection is either interrupted temporarily, or terminated. All white female patients, and all male and female negro patients are intensively treated with quinine and plas-

mochin to destroy a latent malaria infection before their discharge from the infirmary. Since a large screened ward is available for the reception of white male patients on their discharge from the infirmary, attempt is made in their case to get whatever benefit might follow from a latent malaria infection by withholding quinine unless they are to be paroled.

Although a certain amount of spontaneous malaria has always occurred among attendants and patients, some of which is imported with patients, some perhaps contracted in or about the institution, there is nothing to indicate that the practice of malaria therapy as managed, has contributed in the least to any spread of malaria in the institution.

Limitations of space in the Infirmary, and the close attention that must be paid to these patients, determine the number of patients that may receive malaria therapy at any one time. In general we are attempting to administer it to all suitable patients who were inmates when the service was inaugurated, and to new admissions as they are committed.

Since the most marked benefits from malaria therapy are experienced by those patients in whom mental deterioration is just beginning, current medical opinion holds it to be indicated in cases of cerebrospinal lues without mental symptoms, and many medical men now recommend its employment as a prophylactic against cerebrospinal involvement in all luetic infections.

Malaria therapy is the outgrowth of the observation that many cases of this description showed marked improvement after intercurrent infections. When deliberate production of an infectious disease in these patients was first considered, in an effort to imitate these changes, malaria infection was first considered and is still most widely used, since most patients support a malaria attack well, and if interruption or termination is required, this control is readily accomplished. Medical men are not in agreement as to the manner in which malaria infection brings about the improvement. The idea that fever was the principal factor lead some to employ various artificial means of producing temperatures. While some success from the use of such appliances has been reported, they do not appear to excel malaria therapy. Furthermore, it appears likely that the benefits of the malaria attack are in no small degree attributable to the stimulation of the defensive forces of the body, which, while primarily directed against the malaria parasites, are also highly effective against the luetic infection.

REPORT OF SUPERINTENDENT

Since the introduction of malaria therapy into the hospital in 1931, the following number of patients have been treated:

TABLE I

Number of Patients Inoculated (Primary Inoculations) for Malaria Therapy from 1931 to 1934 (seventeen series)

Inoculations with	Biennium ending June 30, 1932		Biennium ending June 30, 1934	
	White	Colored	White	Colored
A. Tertian Malaria by				
a) Mosquitoes	(63)	(8)	(84)	(9)
Takes*	49	3	64	2
Failures‡	14	5	20	7
b) Infected blood	(10)	(0)	(20)	(0)
Takes	10	—	12	—
Failures	0	—	8	—
B. Quartan Malaria by				
a) Mosquitoes	(0)	(0)	(6)	(2)
Takes*	—	—	3	2
Failures‡	—	—	3	0
b) Infected blood	(0)	(0)	(9)	(1)
Takes	—	—	9	1
Failures	—	—	0	0
C. Estivo-autumnal Malaria by				
a) Mosquitoes	(0)	(3)	(4)	(34)
Takes*	—	3	1	19
Failures‡	—	0	3	15
b) Infected blood	(0)	(0)	(0)	(9)
Takes	—	—	—	8
Failures	—	—	—	1
Total inoculations			262	
Less duplicate inoculations			18	
Total patients inoculated			244	

* Includes only successful primary inoculations.

† Most were later successfully re-inoculated.

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Dementia paralytica (paresis) and related forms of cerebrospinal lues are so insidious that one is not justified in speaking of a cure. While most patients who experience an attack of malaria show considerable physical and mental improvement, yet, unless they showed sufficient improvement to justify their parole from the institution, we have disregarded such partial improvement in the preparation of Table II. Neither does this table include patients inoculated in 1934, as sufficient time has not elapsed to judge of the benefits resulting.

Significant results from the standpoint of paroles have been secured in the treatment of patients having diagnoses of psychosis with lues, cerebrospinal lues and paresis (dementia paralytica). These compare favorably with the results reported from other institutions where malaria therapy is practiced.

TABLE II
RESULTS FROM MALARIA THERAPY IN DIFFERENT MENTAL CONDITIONS
(Mosquito inoculations)

Psychiatric Diagnosis	Whites with Tertian Malaria							Negroes with Estivo-Autumnal Malaria						
	Inoc.	Takes	Died	Living in Hosp.	Pa-roled	Ret.	Perc. Par.	Inoc.	Takes	Died	Living in Hosp.	Pa-roled	Ret.	Perc. Par.
Manic depressive*	5	5	0	4	1	.....	20	.....	.....	.....	.....	.....	.....	.....
Const. psychopath*	1	1	0	1	0	—	—	.....	.....	.....	.....	.....	.....	.....
Psychosis*	18	17	0	13	4	0	23.5	5	5	0	5	0	—	—
Cerebrospinal lues	58	55	5	38	14	0	25.5	14	8	1	9	4	0	37.5
Paresis*	29	28	9	15	5	1	17.9	1	1	0	1	0	0	—
28 Tabo-paresis*	1	0	0	0	1	0	—	.....	.....	.....	.....	.....	.....	.....
Tabes*	2	0	0	2	0	0	—	.....	.....	.....	.....	.....	.....	.....
Paraplegia	1	1	0	1	0	0	—	.....	.....	.....	.....	.....	.....	.....
Lues	5	4	2	2	1	0	25	1	0	0	1	.....	.....	.....
Dementia praecox	10	10	0	10	0	0	—	1	1	0	0	1	.....	.....
Congenital lues	2	2	0	2	0	0	—	.....	.....	.....	.....	.....	.....	.....
No diagnosis	1	1	0	1	0	0	—	3	2	2	1	.....	.....	.....
Total	133	124	16	89	26	1	—	25	17	3	17	5	.....	.....

* With lues.

SURGERY

As in the past, only those patients have been operated upon in whom some physical defect has been an irritating factor to the mental as well as the physical health. A great many of these patients come to us in a mal-nourished, enfeebled condition, and consequently are poor surgical risks. Attempts are always made to build up the physical health before any operative procedure is carried out. Unless the physical condition is considered good, no operation is performed unless there is a possible chance of saving life. A number of emergencies were also treated, coming from automobile wrecks on the highway, injured convicts from various camps in the vicinity, and others. J. H. Pound, M. D., Chief Surgeon. A. T. Cobb, M. D., Assistant Surgeon. J. M. Beggs, M. D., Anesthetist.

The following is a condensed table of operations done:

GYNECOLOGY

No.	Operation	Result
7	Laparotomies for removal of uterine fibroids; appendectomies also performed.	Recovered
19	Laparotomies for removal of uterine fibroids and diseased uterine appendages; appendectomies also performed.	Recovered
4	Laparotomies for removal of uterine fibroids and diseased uterine appendages.	Recovered
1	Laparotomy for removal of uterus (functional menorrhagia) and diseased uterine appendages.	Recovered
37	Laparotomies for removal of diseased uterine appendages; appendectomies also performed.	1 patient died of pulmonary embolism. All others recovered.
8	Laparotomies for removal of diseased uterine appendages.	Recovered
4	Laparotomies for removal of diseased uterine appendages and correction displacements; appendectomies also performed.	Recovered
3	Laparotomies for pelvic abscesses and diseased adnexa.	Recovered
5	Cauterization cervix for endocervicitis.	Recovered
41	Cauterization cervix for lacerated and infected services.	Recovered
1	Colporrhaphy (ant).	Recovered
5	Perineorrhaphies.	Recovered
2	Removal urethral caruncles.	Recovered
1	Removal of cervical polyps.	Recovered

REPORT OF SUPERINTENDENT

GENERAL SURGERY

No.	Diagnosis	Operation	Result
13	Acute Appendicitis	Appendectomy	Recovered
3	Chr. Appendicitis	Appendectomy	Recovered
3	Acute gangrenous appendicitis	Appendectomy and drainage	Recovered
2	Acute gangrenous appendicitis with abscess formation	Laparotomy and drainage	Recovered
2	Sub-acute appendicitis	Appendectomy	Recovered
1	Generalized peritonitis	Laparotomy and drainage	Patient died
1	Abdominal abscess with generalized peritonitis and intestinal obstruction	Enterostomy and drainage	Recovered
1	Intra-abdominal and pelvic abscess	Laparotomy and drainage	Recovered
1	Femoral hernia (right)	Herniorrhaphy (right)	Recovered
2	Strangulated femoral hernias (left)	Herniorrhaphy (left)	Recovered
2	Inguinal hernias (left)	Herniorrhaphy (left)	Recovered
4	Inguinal hernias (right)	Herniorrhaphy (right)	Recovered
1	Strangulated, congenital, inguinal hernia (right)	Herniorrhaphy (right)	Recovered
1	Umbilical hernia	Herniorrhaphy	Recovered
3	Intestinal obstruction (complete)	Laparotomy and release of adhesions	Recovered
1	Partial intestinal obstruction	Release of adhesions	Recovered
1	Intestinal obstruction (caused by malignancy of transverse colon)	Enterostomy	Patient died
1	Empyema (right)	Rib resection and drainage	Recovered
6	Empyema (left)	Rib resection and drainage	Recovered
1	Chr. Cholecystitis	Cholecystostomy	Recovered
1	Separation abdominal incision	Incision closed	Recovered
1	Infected abdominal wall following ruptured appendix	Secondary closure	Recovered
1	Gangrene of foot and leg	Amputation	Recovered
1	Osteomyelitis (advanced) left tibia destroyed	Amputation	Recovered

FLORIDA STATE HOSPITAL

No.	Diagnosis	Operation	Result
1	Accidental amputation left hand at wrist joint	Debridement and closure	Recovered
8	Internal and external hemorrhoids	Hemorrhoidectomy	Recovered
1	Multiple anal fissures	Dilatation of sphincter and cauterization fissures	Recovered
23	Secondary anemia	Blood transfusions	Recovered
7	Labor cases	Delivery	Recovered
6	Retention urine	Suprapubic Cystotomy	Recovered
1	Extravasation urine, scrotum and penis	Insertion catheter urethra, incision and drainage	Patient died
1	Urethra obstruction	Insertion of supra-pubic tube	Recovered

MINOR SURGERY

J. C. Robertson, M. D.
In Charge

No.	Diagnosis	Operation
1	Contused and lacerated left thumb, chip fracture mid. Phalanx-distal end	Splint and alcohol dressing applied
10	Nail punctures, foot	Cauterization with phenol and alcohol dressing. A. T. S.
1	Safety pin removed from esophagus	Treated
1	Varicose veins of lower extremities	Bone leveled, closure, dressed
1	Traumatic amputation 2nd and 3rd finger, left	Excision portion scar right inguinal region. Cauterization hair follicle
1	Granuloma inguinal scar infected hair follicle	Circumcision
6	Phimosis	Incision and drainage
5	Paronychia left index finger	Sutured
265	Lacerated and incised wounds of various portions of body	Incised and drained
223	Abscesses and other infected areas	Removed
15	Various minor operations	Removed
44	Benign tumors various parts body	Removed
8	Thoracentesis	Removed
28	Ingrowing toe nails	Removed
5	Skin graft, pinch	Removed
15	Foreign bodies from tissues various parts of body	Removed

REPORT OF SUPERINTENDENT

FRACTURES

J. C. Robertson, M. D.
Orthopedist

No.	Diagnosis	Operation
15	Fracture metacarpal bone	Reduction and immobilization
3	Fracture metatarsal bone	" " "
1	Fracture Carpal bone	" " "
4	Fracture Mandible	Immobilization (with assistance of dentists)
2	Fracture right patella with bursitis & contusion right ant. knee	Reduction and immobilization
16	Fracture Clavicles	" " "
2	Dislocated right femur with associated fracture upper acetabulum	" " "
4	Fracture ulnar and radius	" " "
2	Fracture distal third right radius and ulnar	" " "
3	Fracture lower end of humerus at elbow	" " "
1	Complete fracture upper third humerus	" " "
11	Fracture phalanges hand	" " "
6	Fracture tibia	" " "
2	Fracture fibula	" " "
5	Fracture Ulnar	" " "
6	Fracture shaft femur, right	" " "
8	Fracture shaft femur, left	" " "
1	Fracture neck femur, right	" " "
1	Fracture neck femur, left	" " "
8	Fracture humerus	" " "
9	Potts' Fracture	" " "
10	Colle's Fracture, right	" " "
6	Colle's Fracture, left	" " "
2	Dislocated right shoulder	" " "
2	Impacted fracture neck femur, left	" " "

Several of the above fractures were due to automobile accidents on highway and other emergencies.

UROLOGY

J. C. Davis, M. D., Urologist
F. E. Daves, M. D., Asst. Urologist
H. S. Howell, M. D., Asst. Urologist

No.	Operation
115	Cystoscopies
53	Ureteral catheterization
19	Ureteral dilitations
12	Urethral dilitations
5	Meatotomies
6	Removal of urethral caruncles
17	Pyelograms

TABLE SHOWING WORK DONE BY EYE, EAR, NOSE AND THROAT DEPARTMENT

M. C. Wilensky, M.D.

	Number of Patients (sittings)																				
	Refractions			Sinus Treated			Sinus Irrigated			Systematic Treatments			Ears			Throat			Foreign Body, Eye		
	White Females and White Males.....	Employees	Colored Females and Colored Males.....	Florida Industrial School.....	Florida State Farm.....	O. R. L. Consultations.....															
White Females and White Males.....	5,425	186	177	73	7	102	122	5	130	19	3	21	15	9	12	24	1	4			
Employees	2,044	81	104	44		37	127	4	18	62		4	3	1		7					
Colored Females and Colored Males.....	479	18	6		9	6	15		4	10	4	4		8	6	4					
Florida Industrial School.....	676	124	21		8	31	15	1	54	2	1	11				1					
Florida State Farm.....	325	195	33		17	9	12		2	6		1	1	6		19					
O. R. L. Consultations.....	513																				
Total.....	9,462	604	341	117	41	185	291	10	208	99	8	41	19	24	18	55	1	4			

TABLE SHOWING WORK DONE BY EYE, EAR, NOSE AND THROAT DEPARTMENT—(Continued)

M. C. Wilensky, M.D.

	Dacryocystitis	Entropion	Peritonsillar Abscess	Hordeolum	Conjunctivitis	Cataracts	Mastoidectomies	Cataract Extraction	Minor Operations	Tonsillectomies	Irdectomies	Muscle Operated, Eye	Enucleations	Submucous Resections	Trephine	Irido-taxis Sclerotomy	Anterior Sclerotomy	Fundus Examination	Intra Nasal Frontal	Ruptured Eye Ball Sutured
White Females and White Males....	2	2	1	94	177	23	4	7	106	9	5	3	6	12	.....	1	2	102	1	.....
Employees .....	.....	42	92	1	3	.....	.....	21	17	.....	.....	.....	.....	2	.....	.....	.....	.....	.....
Colored Females and Colored Males .....	.....	11	24	.....	1	.....	.....	4	3	.....	.....	1	.....	2	.....	.....	2	18	1	1
Florida Industrial School.....	.....	2	118	1	.....	.....	.....	6	.....	1	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Florida State Farm.....	.....	7	63	8	.....	.....	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	90	.....	.....	.....
O. R. L. Consultations.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	2	2	1	156	474	33	8	7	141	29	5	4	7	17	2	1	4	210	1	1

FLORIDA STATE HOSPITAL

REPORT OF PATHOLOGICAL LABORATORY

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
Urinalyses	12,205	14,662
Wasserman, blood	2,627	2,390
Wasserman, cerebro spinal fluid	970	932
Cell Count, cerebro spinal fluid	970	932
Kahn Test	2,627	2,390
Blood Count, White and Differential	1,023	1,640
Blood Count, White	7,224	5,755
Blood Count, complete	2,142	2,172
Blood, Malaria Smears	3,539	2,070
Blood Smears	16,087	14,095
Blood Cultures	84	74
Blood Coagulation Time	31	20
Blood Sugar	41	17
Blood Calcium	1	1
Blood, Non-protein Nitrogen	5	34
Blood, Urea Nitrogen	4	4
Blood, Creatinine	0	27
Blood, Icterus Index	1	3
Blood Chemistry, complete	17	56
Blood, Brill's Agglutination	5	15
Widal Test	29	25
Blood Matching	27	226
Feces, ova and parasites	1,046	1,255
Renal function test	9	20
Sputum	518	565
Gram Stain	428	432
Mouth Smears, Vincent's Angina	152	261
Cultures and Smears, Diphtheria	12	2
Gastric Analysis	5	2
Kline Test	233	157
Milk, bacterial and butter fat	3	0
Culture Stool	3	0
Culture of pus	23	12
Water Analysis	22	1
Colloidal Gold Test	24	24
Culture Urine	3	0
Autopsy guinea pig	0	1
Inoculation of guinea pig	0	1

R. E. MORGAN,
Laboratory Technician

REPORT OF SUPERINTENDENT

REPORT OF SUPERINTENDENT OF NURSES

Graduating exercises for the 1933 Class of Florida State Hospital School of Nursing were held in the Recreation Hall, Dr. J. H. Pound presiding. The address was delivered by Hon. Cary Landis, Atty. Gen., Tallahassee, Florida. The Hospital pins were presented by Dr. M. C. Wilensky, and the diplomas by Dr. O. W. Jenkins. Ten nurses received diplomas.

GRADUATING CLASS OF 1933

Miss Carney Askins, R. N., Wauchula, Florida
Miss Letha Altman, R. N., Wauchula, Florida
Miss Sallie Mac Hunt, Ozark, Alabama
Miss Audrey Jones, R. N., Havana, Florida
Miss Mayme McRae, R. N., Thomasville, Georgia
Miss Theodore Thomas, R. N., Recovery, Georgia
Miss Addie Hentz, R. N., Bristol, Florida
Miss Myrtle Bowman, R. N., Faceville, Georgia
Miss Moyse Brooks, R. N., Chattahoochee, Florida
Miss Mildred Rowan, R. N., Chattahoochee, Florida

The Graduating exercises for the 1934 Class of Florida State Hospital School of Nursing were held May 17, 1934 at 8:30 o'clock in the Recreation Hall, Dr. J. H. Pound presiding. The address was delivered by Hon. R. A. Gray, Sec. of State, Tallahassee, Florida. The Hospital pins were presented by Dr. F. E. Daves, and the diplomas by Dr. H. S. Howell. Eleven nurses received diplomas.

GRADUATING CLASS OF 1934

Miss Grace Adams, R. N., Bainbridge, Georgia
Miss Luta Bowen, R. N., Sneads, Florida
Miss Grace Crutchfield, R. N., Graceville, Florida
Miss Thelma Harrison, R. N., Grand Ridge, Florida
Miss Gladys Mayo, R. N., Ponce de Leon, Florida
Miss Maggie Lee Russ, R. N., Vernon, Florida
Miss Edna Roberts, R. N., Altha, Florida
Miss Claudia Scott, R. N., Brinson, Georgia
Miss Mozelle Sims, R. N., St. Andrews, Florida
Miss Noma Murray, R. N., Ponce de Leon, Florida
Miss Grace Ellis, R. N., Chattahoochee, Florida

NURSING STAFF

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
Superintendent of Nurses	1	1
Asst. Supt. of Nurses and Instructor	1	1
Night Supervisor	1	1
Dietitian	1	1
Graduates Employed as Head Nurses	4	4
Operating Room Supervisor	1	1
Student Nurses	35	33

GENERAL REPORT FOR THE PERIOD JULY 1, 1932 TO JUNE 30, 1933 (BY MONTHS)

18

	In Institution	Admitted on Commitment	Returned from Furlough	Returned Escapes	Babies Born	Returned from Fur. on New Commit.	Returned from Esc. on New Commit.	Transferred from Other States	Discharged	Died	Furloughed	Escaped	Babies Sent Home	Discharged by Order of Court	Babies Dying	Discharged: To Be Deported	Patient Disc. for Whom Papers Were Never Received	Remaining
July.....	3,706	139	9	7	2				21	50	41		9					3,742
August.....	3,742	84	5	5		1			12	35	45	6	1					3,738
September..	3,738	104	12	9	1				35	27	43	21		1	1			3,736
October.....	3,736	94	11	4		1		1	16	34	53	6						3,738
November...	3,738	85	9	1		1			15	30	33	1						3,755
December...	3,755	107	5	2		5	1	1	19	30	52	4						3,771
January....	3,771	101	11	8		3			14	50	44	11						3,775
February...	3,775	131	8	4	1	3	1		24	39	39	10			1	1		3,809
March.....	3,809	94	12	6					26	39	41	5						3,810
April.....	3,810	97	12	5			2		15	34	30	7						3,840
May.....	3,840	106	15	4		1	1	2	17	34	42	3				1	1	3,872
June.....	3,872	116	13	8	1			1	17	31	43	7						3,913
	1,258	122	63	5	15	5	5	5	231	433	506	90	1	1	2	1	1	

TVA HOSPITAL STATE VA RDINDA

GENERAL REPORT FOR THE PERIOD JULY 1, 1933 TO JUNE 30, 1934 (BY MONTHS)

	Patients in Hospital		Returned from Furlough	Returned Escaped Patients		Babies Born	From Other States	Recommitted While on Furlough	Recommitted While on Escape	Adm. House Bill 329	Adm. Discharge Revoked	Adm. Authority of Board	Adm. Authority of Governor	Trans. from U. S. V. B. Facility	Adm. Rtd. Furl. Under House Bill 329	Adm. Voluntary Drug Act 1915	Reg. Committed While on Furl. Under House Bill 329	To Error
	Admitted (Regular)	Admitted (Visiting)		Returned Escaped Patients	From Other States													
July	3,913	92	10															
August	3,904	87	13															
September	3,912	111	10															
October	3,919	57	7															
November	3,856	75	6															
December	3,836	73	8															
January	3,812	78	11															
February	3,839	88	6															
March	3,850	112	15															
April	3,906	111	9															
May	3,949	111	17															
June	3,994	99	14															
Total	1,094	126	55	3	1	22	11	6	1	1	6	3	1	1	1	1	1	1

GENERAL REPORT FOR THE PERIOD JULY 1, 1933 TO JUNE 30, 1934 (BY MONTHS)—Continued

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	Discharged	Died	Furloughed	Escaped	Discharged: By Order of Court	Trans. to U. S. V. B. Facility	Trans. to Other States	Released: Committed Under House Bill 329	Babies Sent Home	Furl. Regularly Committed While on Furlough Under House Bill 329	Released: Admitted by Authority of Board	Remaining
July	14	37	56	11								3,904
August	18	34	42	6								3,912
September	17	42	44	8	1							3,919
October	20	49	46	12		14						3,856
November	10	55	31	9		1						3,836
December	17	34	53	3			3					3,812
January	6	33	28	7								3,839
February	16	44	25	3								3,850
March	10	21	36	14				1				3,906
April	9	39	31	6		7		1				3,949
May	11	33	42	8							1	3,994
June	13	39	45	6								4,011
Total	161	460	479	93	1	22	3	5	3	2	1	

REPORT OF SUPERINTENDENT

ADMISSIONS BY COUNTIES

	July 1, 1932 to June 30, 1933					July 1, 1933 to June 30, 1934					Total
	White Men	White Women	Colored Men	Colored Women	Total	White Men	White Women	Colored Men	Colored Women		
Alachua	14	9	12	3	38	9	5	8	3	25	
Baker	4	2	0	0	6	4	2	0	0	6	
Bay	9	6	0	0	15	10	7	2	2	21	
Bradford	0	0	1	1	2	4	1	1	0	6	
Broward	10	2	4	1	17	1	1	1	0	3	
Brevard	1	4	2	0	7	4	0	1	0	5	
Calhoun	6	1	2	0	9	6	5	1	1	13	
Charlotte	4	2	0	1	7	4	1	1	0	6	
Citrus	3	4	0	1	8	2	1	3	0	6	
Clay	0	1	1	0	2	1	0	1	0	2	
Collier	0	0	0	0	0	0	0	0	0	0	
Columbia	10	6	3	3	22	4	2	1	1	8	
Dade	30	31	13	3	77	25	9	11	4	49	
DeSoto	4	0	0	0	4	2	1	1	1	5	
Dixie	1	2	0	4	7	2	0	0	0	2	
Duval	54	30	31	18	133	53	44	34	24	155	
Escambia	27	10	16	5	58	22	9	8	7	46	
Flagler	1	0	1	1	3	0	0	0	0	0	
Franklin	4	2	3	0	9	1	0	1	1	3	
Gadsden	17	5	5	7	34	8	3	5	9	25	
Gilchrist	2	2	0	0	4	1	0	0	0	1	
Glades	1	0	0	0	1	0	0	0	0	0	
Gulf	0	0	1	0	1	0	0	0	0	0	
Hamilton	3	2	3	1	9	3	1	0	2	6	
Hardee	5	0	1	1	7	7	4	0	0	11	
Hendry	1	1	0	0	2	0	0	2	0	2	
Hernando	0	3	1	0	4	4	2	2	0	8	
Highlands	1	1	0	1	3	2	0	0	0	2	
Hillsborough	80	60	20	14	174	87	67	21	8	183	
Holmes	10	7	0	1	18	0	2	1	0	3	
Indian River	2	0	2	1	5	1	3	4	0	8	
Jackson	13	10	3	2	28	11	7	4	0	22	
Jefferson	3	1	5	4	13	3	1	1	3	8	
Lafayette	2	0	0	0	2	2	0	0	1	3	
Lake	8	4	1	3	16	5	2	1	0	8	
Lee	4	5	2	5	16	3	6	3	0	12	
Leon	21	5	12	10	48	10	6	10	7	33	
Levy	8	4	1	2	15	2	0	1	2	5	
Liberty	1	1	1	2	5	2	0	1	1	4	
Madison	5	5	5	3	18	7	1	1	2	11	
Manatee	12	3	2	1	18	11	7	4	0	22	
Marion	4	3	2	1	10	3	3	3	3	12	
Martin	1	1	0	0	2	2	0	2	1	5	
Monroe	4	2	0	0	6	1	0	1	0	2	
Nassau	1	0	1	1	3	2	0	2	1	5	
Okaloosa	8	10	0	1	19	14	4	2	1	21	
Okeechobee	0	1	0	0	1	1	0	1	0	2	
Orange	12	13	5	4	34	14	8	4	6	32	
Osceola	0	3	0	2	5	0	1	3	0	4	
Palm Beach	11	5	12	4	32	8	6	10	2	26	
Pasco	3	3	2	3	11	4	2	1	0	7	
Pinellas	19	13	5	6	43	17	15	3	5	40	

FLORIDA STATE HOSPITAL

ADMISSIONS BY COUNTIES—(Continued)

	July 1, 1932 to June 30, 1933					July 1, 1933 to June 30, 1934					Total
	White Men	White Women	Colored Men	Colored Women	Total	White Men	White Women	Colored Men	Colored Women	Total	
Polk	27	17	9	12	65	22	10	15	6	53	
Putnam	5	2	8	1	16	5	3	5	6	19	
Santa Rosa	5	3	0	1	9	7	2	0	0	9	
Sarasota	6	3	0	0	9	5	3	0	1	9	
Seminole	7	2	8	2	19	4	3	4	3	14	
St. Johns	3	0	1	2	6	6	1	4	0	11	
St. Lucie	6	7	0	0	13	0	2	1	1	4	
Sumter	3	3	0	0	6	5	2	0	0	8	
Suwannee	4	3	2	2	11	3	2	2	0	7	
Taylor	0	4	0	0	4	4	4	1	0	9	
Union	11	0	5	2	18	13	2	7	0	22	
Volusia	6	10	2	1	19	6	8	5	2	21	
Wakulla	1	4	1	1	7	2	6	3	0	11	
Walton	12	5	1	2	20	14	9	3	0	26	
Washington	10	10	1	4	25	10	7	2	1	20	
Transferred from other States	1	1	2	2	6	1	1	0	0	2	
Totals	551	359	221	153	1,284	496	304	220	119	1,139	

PSYCHOSES OF FIRST ADMISSIONS

	July 1, 1932 to June 30, 1933					July 1, 1933 to June 30, 1934				
	W.M.	W.W.	C.M.	C.W.	TOTAL	W.M.	W.W.	C.M.	C.W.	TOTAL
Traumatic Psychoses	1	3	0	0	4	1	1	0	0	2
Senile Psychoses	100	47	40	18	205	83	29	39	7	158
Psychoses with Cerebral Arterio-sclerosis	22	13	1	7	43	42	9	0	2	53
General Paresis	24	0	3	6	33	0	2	2	4	8
Psychoses with Cerebral Syphilis	32	16	72	33	153	41	7	76	25	149
Psychoses with Brain Tumor	0	0	0	0	0	0	0	0	0	0
Psychoses with other brain or nervous diseases	0	0	0	0	0	0	0	0	0	0
Alcoholic Psychoses	12	2	0	0	14	4	1	1	1	7
Psychoses due to drugs and other exogenous toxins	0	1	1	0	2	0	0	0	0	0
Psychoses with Pellagra	8	7	2	7	24	5	8	4	3	20
Psychoses with other somatic diseases	20	6	1	1	28	6	2	6	1	15
Manic Depressive Psychoses	71	98	25	35	229	47	112	27	28	214
Involution Melancholia	5	5	0	1	11	3	3	0	0	6
Dementia Praecox	72	74	25	15	186	90	75	30	21	216
Paranoia and paranoid conditions	6	0	0	0	6	3	0	1	0	4
Epileptic Psychoses	23	15	8	2	48	16	4	3	1	24
Psychoneuroses and Neuroses	1	4	0	0	5	4	2	1	0	7
Psychoses with constitutional Psychopathic Inferiority	14	2	0	0	16	9	3	0	1	13
Psychoses with mental deficiency	10	4	16	9	39	11	3	11	3	28
Psychoses undetermined	16	9	9	7	41	8	6	6	12	32
Not insane	29	17	5	0	51	24	6	8	3	41
Feeble-minded without psychoses	20	13	4	9	46	15	15	1	5	36
Syphilis without psychoses	8	2	5	0	15	13	0	3	1	17
Chronic Alcoholism without psychoses	37	4	2	0	43	57	4	0	0	61
Acute Alcoholism without psychoses	0	0	0	0	0	0	0	0	0	0
Drug Addiction without psychoses	16	6	0	0	22	13	6	0	0	19
Idiocy without psychoses	2	1	2	0	5	0	0	1	1	2
Imbecility without psychoses	2	1	0	0	3	0	0	0	0	0
Psychoses with menopause	0	3	0	1	4	0	0	0	0	0
Puerperal Psychoses	0	0	0	0	0	0	0	0	0	0
Epilepsy without psychoses	0	6	0	2	8	0	6	0	0	6
Amnesia	0	0	0	0	0	1	0	0	0	1
Total	551	359	221	153	1,284	496	304	220	119	1,139

REPORT OF CONSTRUCTION REPARTMENT

*To the Superintendent
Florida State Hospital*

SIR:

The following is respectfully submitted to you as a report of the Construction Department beginning July 1, 1932 and ending June 30, 1934.

This Department has manufactured lumber and other materials used in the erection and completion of the new buildings and repairs on old buildings as listed below:

NEW CONSTRUCTION

Repair Garage
Gasoline Filling Station
Gas Tank Erected
Carpenter Shop
Warehouse
Sawmill and Planer Mill Shed
Dry Kiln

ADDITIONS AND ALTERATIONS

Major repairs and renovations to Dental Infirmary
One cottage rebuilt
Repairs and addition to Apartment House No. 220
New addition to Base Hospital, new addition being used as Drug Room

The Construction Department co-operated with the State Road Department and assisted in the completion of paving the streets through the Hospital grounds.

MISCELLANEOUS ARTICLES MANUFACTURED

The Carpenter Shop has been operating continuously making articles as follows, aside from their work in connection with new buildings under construction and repair work:

New dining tables, many cabinets, wardrobes, doors, sash, windows and window frames and various other types of articles that are necessary in connection with the operation of the Institution.

In addition to the regular activities in the Carpenter Shop, we have manufactured doors, windows, window frames, sash and

REPORT OF SUPERINTENDENT

trim for the Industrial School for Boys at Marianna and have also made and assembled new dining tables for State Institutions at Gainesville and Raiford respectively.

The Casket Factory has been consolidated with the Construction Department and is now operated in connection with the Carpenter Shop. The following tabulation is an outline of the finished products manufactured:

480 Pauper caskets painted and lined
179 Cloth finished caskets
1 Metal lined shipping case
189 Wooden shipping cases
6 Spanish satin ruffles
48 Paper casket covers
13 Oil cloth casket covers

Saw and Planer Mills have been in constant operation (except for a period of about five months of the last fiscal year when same were being moved from old site to new, as shown by the decrease of lumber sawed) manufacturing lumber as shown in table here-with.

The Repair Department has had three men constantly employed in the proper maintenance and repair of the many buildings.

Respectfully,
H. W. Ross
Supervisor, Construction

SAW AND PLANING MILLS

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
Timber Cut	Feet	Feet
Lumber Dressed	530,659	330,610
	345,900	280,500

REPORT OF CHIEF ENGINEER

*To the Superintendent
Florida State Hospital*

SIR:

I submit herewith report of the Engineering Department for the period beginning July 1, 1932 and ending June 30, 1934.

The steam plant has operated continuously furnishing steam for heat, cooking, laundry and driving machines for the generation of electric current.

A 750 KVA-600 KW-3600 RPM-2300 Volt, three phase General Electric Turbo-generator has been added to the electric plant increasing the capacity and efficiency.

The refrigerating plant has functioned very satisfactorily running every day supplying ice and keeping cold storage rooms at proper temperatures. A new seventy can York patented ice tank was fabricated and installed increasing the capacity of the ice output.

One centralized radio receiving station installed complete with necessary distribution to various speakers located on grounds and in buildings,—total speakers 107. This was provided in order to furnish amusement for inmates.

During this period Colonel Ayers, Superintendent of State Utilities, together with Mr. Fuselman, who was placed in charge of all C. W. A. operations at the Florida State Hospital, with cooperation from Mr. Thomas and this department, accomplished the following projects: The electric distribution system was revamped, changing from overhead to underground the lines within the hospital grounds. Approximately 10,000 feet of lead covered cable were required. In addition to the underground approximately six miles, overhead, three phase, 2300 volt lines were reconstructed.

Approximately 4,200 feet eight, ten and twelve inch sewer lines installed north of Base Hospital and east of Colored Male Building.

The Machine Shop has made all repairs on machinery over the Institution and finished all castings made by the Foundry.

The Foundry cast into gears, sash weights, white way posts and various castings, 5,900 pounds brass, 848 pounds aluminum, 140,102 pounds iron.

Two 125 H. P. H. R. T. Boilers were erected at saw mill.

One modern hydrotherapeutic bath installed in Base Hospital

REPORT OF SUPERINTENDENT

consisting of control table, needle shower, continuous flow tub, electric bath cabinet and blanket warmer.

Plumbing and wiring and new fixtures installed in the following buildings:

Carpenter shop

Industrial shop

Garage

Gas station

Dental infirmary

Seventeen bath rooms complete in residences

Eight residences rewired.

The garage has maintained thirty-seven cars and trucks including two buses.

Fire protection has been taken care of adequately in all buildings housing patients by the installation of automatic sprinkler systems. This was done by contract but comes under the supervision of this department.

This department has done all repair work in its several fields which constitutes an item in itself.

Respectfully submitted,

J. L. DAVIS

Chief Engineer

REPORT OF MATTRESS FACTORY

To the Superintendent

Florida State Hospital

SIR:

I submit herewith my report of articles made at the Mattress Factory during the period beginning July 1, 1932 and ending June 30, 1934:

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934	Total
Mattresses	2,644	2,614	5,258
Pillows	1,665	1,361	3,026
Cotton Pads	7	0	7
Truck Cushions	6	0	6
Chair Cushions	6	2	8
Sofa Pillows	41	0	41
Bus Cushions	6	5	11
Swing Cushions	1	0	1

Respectfully,

H. M. DEAN

Foreman

FLORIDA STATE HOSPITAL

ARTICLES MADE IN SEWING ROOM

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934	Total
Collections for private work	\$233.34	\$202.40	\$435.74

Articles Made:

Awnings	21	65	86
Abdominal binders	0	2	2
Aprons	1,517	1,114	2,631
Bags, laundry	18	83	101
Bags, sand	24	0	24
Bags, coffee	40	32	72
Bath robes	185	340	525
Bed spreads	1	0	1
Barber hair gowns	22	12	34
Bed pan covers	0	24	24
Bibs, back apron	12	24	36
Bibs, apron	0	160	160
Brassieres	2	0	2
Curtains	106	32	138
Covers, truck	0	3	3
Covers, stretcher	0	1	1
Covers, extinguisher	0	3	3
Covers, chair	16	13	29
Covers, floor	0	2	2
Covers, bread	12	6	18
Covers, solution	18	24	42
Cover packs and sterile packs	60	0	60
Covers, table	144	75	219
Covers, tray	77	60	137
Caps	236	269	505
Coats, white	36	24	60
Cuffs	186pr	354pr	540pr
Collars	130	302	432
Chemise	5,631	5,589	11,220
Camisoles	272	634	906
Cushions, bus	5	0	5
Cushions, chair	4	0	4
Cover for Wood Mill	0	1	1
Dresses	6,183	6,961	13,144
Drawers, ladies	991	1,507	2,498
Drawers, men	2,350	1,930	4,280
Diapers	0	63	63
Gowns	2,192	3,139	5,331
Kimonas	0	2	2
Mattress ticks	481	626	1,107
Napkins, table	188	186	374
Overalls	667	0	667
Pillow cases	8,135	8,669	16,804
Pajamas	285	439	724

REPORT OF SUPERINTENDENT

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934	Total
Pillow ticks	499	504	1,003
Pants, operating	0	6	6
Pants, pajama	0	22	22
Radiator covers	0	8	8
Shirts	2,944	8,208	11,152
Sheets	10,079	12,927	23,006
Step-ins	12	7	19
Slips, child	12	0	12
Swing covers	4	0	4
Shirts, night	299	0	299
Shrouds	246	200	446
Solution bags	0	3	3
Sheets, sterile	0	4	4
Shirts, apron	0	139	139
Sanitary belts	0	400	400
T. binders	0	72	72
Table cloths	737	20	757
Towels	7,191	13,153	20,344
Ticks, bus cushion	0	7	7
Ticks, cotton pad	1	10	11
Tarpaulins	0	3	3
X-ray table covers	0	6	6

FLORIDA STATE HOSPITAL

INDUSTRIAL SHOP REPORT

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934	Total
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Collections for private work	\$270.21	\$334.85	\$605.06
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Articles Manufactured:

	Number	Number	
Brooms	4,286	5,031	9,317
Beds, new	400	425	825
Book case	1	0	1
Crutches	1pr	0	1pr
Chairs, rocking	12	38	50
Chairs, straight	499	514	1,013
Cabinets	1	3	4
Cedar chests	1	2	3
Carts	0	4	4
Candy case	0	1	1
Cabinet, tool	0	1	1
Chest of drawers	1	0	1
Fly swats	0	212	212
Frames, picture	2	4	6
Flower boxes	4	10	14
Gun rod	0	1	1
Ice mallet	0	1	1
Knobs for beds	2,000	3,000	5,000
Mops	1,268	1,538	2,806
Marking stamp	1	0	1
Rocker horse	0	1	1
Rolling pin	0	1	1
Rugs	27	13	40
Screens, bed	2	0	2
Towel racks	0	1	1
Tables	39	34	73
Wash stands	0	1	1
What-Not corner stands	0	1	1
Shoes repaired	2,249pr	2,064pr	4,313pr
Beds, repaired and painted	1,000	2,000	3,000
Breakfast room suites	0	4	4
Desk	0	1	1
Dresser	0	1	1

REPORT OF SUPERINTENDENT

FARM REPORT

*To the Superintendent
Florida State Hospital*

SIR:

I submit herewith report of the Farm Department for the biennial period July 1, 1932 to June 30, 1934. The following tabulations will give information as to what has been accomplished in all divisions of the farm work,—viz: trucking, general farm, fruit growing, dairy, poultry and hogs.

Respectfully,

W. C. VASON

Supervisor

VEGETABLES PLANTED

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
	Acres	Acres
Lettuce	1	2
Beets	8	10
Turnips	8	10
Mustard	3	5
Carrots	2	3
Snap beans	30	40
Butter beans	12	15
Peppers	3	4
Squash	15	20
Okra	8	10
Cucumbers	2	2
Irish potatoes	25	30
Tomatoes	40	50
Corn, roasting	25	30
Onions	15	20
Collards	3	5
Radish	1/2	1/2
Sweet potatoes	90	100
Egg plant	2	3
Crowder peas	40	50
Watermelons	20	25
Cantaloupes	8	10

GENERAL FARM—PLANTED

Field corn	1,000	1,000
Millet	40	50
Velvet beans	450	500
Silage corn	90	100
Peavine hay	200	250
Peanuts	225	250
Jap Cane	110	120

FLORIDA STATE HOSPITAL

VEGETABLES GROWN ON HOSPITAL FARM

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
	Bus.	Bus.
Beets	10	692
Butter beans	295	1,186
Carrots	517	653
Cantaloupes	89	373
Cucumbers	266	97 1/4
Corn, roasting	2,188	1,980
Egg plants	—	520
Lettuce	90	56
Mustard	—	370
Okra	417 1/2	249
Onions	651	1,804
Peas, field	942	1,352
Peas, English	960 1/2	—
Potatoes, Irish	1,256	959
Peppers	104 1/2	27
Potatoes, sweet	3,157	3,655
Radishes	58	—
Rutabagas	1,992	—
Squash	510	1,550
Turnips	10,053	8,362
Tomatoes	243	2,435
Cabbage	3,481	2,904
Collards	—	162 1/2
Watermelons	Tons 50	Tons 94

GENERAL FARM

	Bus.	Bus.
Corn	8,175	3,000
Hay baled	Bales 1,262	Bales 4,000
Sugar cane	Stalks 75,000	Stalks 100,000
Syrup	Gal. 10,909	Gal. 7,360

REPORT OF SUPERINTENDENT

FRUIT DEPARTMENT

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
	Bus.	Bus.
Pears	474	404
Grapes, bunch	7	36
	Qts.	Qts.
Strawberries		5,702
Blackberries	3,081	10,064
	Bus.	Bus.
Satsumas	46	36
	Lbs.	Lbs.
Pecans		1,547

The following vegetables were grown by the Fruit Department and are, therefore, placed in this report rather than in the general vegetable report:

	Bus.	Bus.
Peas, field	657	36
Snap beans		107
Irish potatoes		957 1/2

During this biennial period there have been 500 pear tree sprouts set out, 120 scuppernong grape vines, and 156 plum sprouts.

DAIRY

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
On Hand June 30th	1933	1934
Milk cows	195	192
Dry cows	86	110
Heifers and Yearlings	146	149
Calves	55	34
Cows culled from dairy and butchered	30	25
Cows died	37	36
Bulls (2 butchered, 1 died)	12	9
Calves died	15	11
Dairy Feed Used	Lbs.	Lbs.
Wheat bran	197,700	341,400
Linseed meal	80,100	68,900
Crushed oats	183,700	245,800
C. S. Meal	231,800	282,300
Alfalfa meal		2,500
C. S. Hulls		27,000
Wheat shorts		3,000
Velvet beans	70,595	83,100
	Bus.	Bus.
Crushed corn	5,495	4,174

FLORIDA STATE HOSPITAL

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
	Bales	Bales
Hay	500	825
Milk produced	Gals. 143,003 1/4	Gals. 136,060 1/2

FEED GROWN FOR DAIRY COWS

	Tons	Tons
Ensilage	680	680
Cabbage	50	60
Rutabagas	150	—
Green corn	90	125
Velvet beans	225	200
Millet	20	25

PASTURE FOR DAIRY CATTLE

	Acres	Acres
Oats	250	300
Austrian peas	35	40
Hairy vetch	35	40

FEED BOUGHT FOR DAIRY

	Lbs.	Lbs.
Wheat bran	205,000	322,000
C. S. Meal	240,000	288,000
Linseed meal	80,000	80,000
Crushed oats	200,000	240,000
Wheat shorts	300	42,500
C. S. Hulls	—	40,000
Alfalfa leaf meal	—	2,500
Velvet beans	13,115	12,325

POULTRY

	Number	Number
Chickens on hand June 30th	3,116	4,581
Raised	5,507	3,179
Bought	370	385
Used in hospital	1,544	2,189
Chickens lost	235	41
Turkeys purchased	305	372
Turkeys raised	199	245
Turkeys died	1	1
Turkeys used	113	498
	Doz.	Doz.
Eggs produced	15,247 1/2	14,095

REPORT OF SUPERINTENDENT

FEED BOUGHT FOR POULTRY

	July 1, 1932 to June 30, 1933	July 1, 1933 to June 30, 1934
	Lbs.	Lbs.
Corn, yellow	10,000	30,000
Corn, yellow meal	36,700	30,000
Hen feed	1,000	_____
Laying mash .....	.200	_____
Scratch feed	400	_____
Meat scraps	12,500	10,000
Oats, heavy	22,500	13,700
Oyster shells	5,800	600
Wheat shorts	45,000	40,000
Wheat	55,000	40,000
Powdered sweet milk	5,300	6,000
Growena	500	_____
Growing mash	8,000	_____
Starting mash	100	_____
Alfalfa leaf meal	7,500	12,500

HOG RAISING

Hogs on hand June 30th	1,312	1,282
Hogs butchered	683	523
Hogs died	171	209

GROWN FOR HOGS

	Acres	Acres
Peanuts	175	225
Watermelons	50	60

PASTURE FOR HOGS

	Acres	Acres
Oats	100	100
Rape	50	50

FLORIDA STATE HOSPITAL

FLORIDA STATE HOSPITAL
FINANCIAL STATEMENT FOR PERIOD BEGINNING
JULY 1st, 1932 AND ENDING JUNE 30th, 1934

Table No. 1

MAINTENANCE ACCOUNTS

INVENTORIES:

Supplies on hand July 1st, 1932	\$ 282,523.90
Cash on hand in Incidental account	19,486.69
Cash on hand in Pay Patients account	3,613.49
Cash on hand in Casket account	602.64
Cash on hand in Special Maintenance Fund	38,638.38

TOTAL INVENTORY OF CASH AND SUPPLIES, JULY 1st, 1932 \$ 344,865.10

Expended during the above period for supplies, salaries and other expenses:

Power and Ice Plants	\$ 82,559.05
Drugs, Dental and Hospital Supplies	50,157.66
Salaries	675,991.65
Land and Timber	5,878.18
Transportation (Patients and General)	23,443.15
Freight	122,240.45
Repair of Buildings and General Repairs	195,145.11
Commissary: for groceries, dry goods and clothing and supplies	497,318.96

TOTAL EXPENDED FROM MAINTENANCE ACCOUNTS FOR ABOVE PERIOD \$1,652,734.21
\$1,997,599.31

INVENTORIES:

Supplies on hand June 30th, 1934	\$ 270,696.45
Cash on hand in Incidental account	19,811.22
Cash on hand in Pay Patients account	4,244.31
Cash on hand in Casket account	3,434.93
Cash on hand in Special Maintenance Fund	25,919.54

TOTAL INVENTORY OF CASH AND SUPPLIES JULY 1st, 1934 \$ 324,106.45

COST OF SUPPLIES, SALARIES AND OTHER EXPENSES FOR PERIOD \$1,673,492.86

Average monthly cost of supplies, salaries and other expenses for period \$ 69,728.87

Average monthly patient population for above period, 3,839.65

Average per capita monthly expense \$ 18.16

Average per capita daily expense \$.5811

TOTAL INVENTORY OF HOSPITAL JUNE 30th, 1934, INCLUDING SUPPLIES, EQUIPMENT, LIVE STOCK, REAL ESTATE TIMBER, BUILDINGS AND BUILDINGS UNDER CONSTRUCTION \$2,303,949.97

REPORT OF SUPERINTENDENT

Table No. 2

Expended from Special Appropriations and Funds of Special Nature for period, as follows:

Rebuilding of Old White Male Wards with additions to one wing	\$13,597.58
Canteen (Including Radio Equipment)	\$ 5,515.07
Construction of Road through the Grounds of Hospital	\$19,562.60
Reconstruction of Old Barns, Sheds, Fencing, etc.	\$ 2,640.70
Automatic Sprinkler System	\$23,551.40
Purchase of Anderson Timber	\$ 505.92
Purchase of Griffin Timber	\$ 2,500.00
Completion of Contract Putnam-Chas. Horne Lands	\$ 2,472.98
Dry Kiln, Thermometer, etc., for Saw Mill	\$ 1,000.00
Garage	\$ 4,009.31
Completion of Repairs on all Buildings	\$ 8,925.22

Table No. 3

PAY PATIENTS ACCOUNT

July 1st, 1932, balance	\$ 3,613.49
Receipts July 1st, 1932 to June 30th, 1934	25,739.97
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Total	\$29,353.46 *
Refunds during above period	\$ 571.20
Paid Attorney's Collection Fees	537.95
Transferred to State Treasury	24,000.00
Balance on hand July 1st, 1934	4,244.31
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Total	\$29,353.46 *

